

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

07-41JJF

PLAINTIFF

COURT CASE NUMBER

VERLIN J. ALEXANDER

ID #

0511011555 - 1:07-CV-41

DEFENDANT

TYPE OF PROCESS

CARL DANBERG / ATTORNEY GENERAL / GOVERNOR / STATE OF DELAWARE**O/C****SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CARL DANBERG / ATTORNEY GENERAL / STATE OF DELAWARE**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT**820 N. FRENCH STREET, 7TH FLOOR, CARVEL STATE BUILDING****WILMINGTON, DEL. 19801**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

VERLIN J. ALEXANDER**SBI # 098778****HOWARD R. YOUNG CORRECTIONAL INST.****1301 EAST 12TH STREET****WILMINGTON, DEL. 19809**Number of process to be
served with this Form - 285**1**Number of parties to be
served in this case**2**Check for service
on U.S.A.**✓**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

FORMA PAUPERIS

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Verlin J. Alexander**5-15-07****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. _____

District
to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

bc

Date

8-22-07I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Keith Brady ASST St. Sgt.

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

Time

8/22/07**11:00**

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

2007 AUG 23 AM 9:58
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWAREPRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)